



Performance Measure Review

ACP does not support QPP measure 331: "Adult Sinusitis: Appropriate Choice of Antibiotic Prescribed for Acute Sinusitis (Overuse)." While it is clinically important to promote appropriate antibiotic therapy in patients diagnosed with acute sinusitis, we note several issues with this measure. First, the numerator specifications do not define an appropriate performance rate and a 0% performance rate will promote underuse of antibiotic therapy in appropriate treatment cases. Furthermore, the numerator specifications define "acute sinusitis" according to typical bacterial infection symptoms and it is appropriate to prescribe antibiotics to treat a bacterial infection. Developers should consider revising denominator specifications to define "acute sinusitis" according to viral symptoms to prevent overuse of antibiotic therapy in viral sinusitis infections. Second, the measure does not align with the Infectious Diseases Society of America (IDSA) clinical recommendation on treatment of acute bacterial sinusitis. IDSA recommends initiating antibiotic therapy in patients with symptoms > 10 days, severe or worsening symptoms (102 degrees F fever with nasal discharge) > 3 days, onset with worsening symptoms/double sickening patients (new onset of fever, headache, or increased nasal discharge following viral URI) > 5-6 days. Third, denominator specifications include exclusion criteria for "medical reason for not prescribing treatment"; however, measure developers should explicitly define exceptions according to the IDSA guidelines in order to avoid underuse of appropriate antibiotic therapy. Finally, while we support inclusion of appropriate exclusion criteria, inclusion of broad exclusion criteria may provide opportunity for measure manipulation by reporting clinicians.